

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000085752

1. Entity Name
SPYGLASS MEDICAL BUILDING, L.L.C.



Principal Place of Business

400 HIGH POINT DRIVE, SUITE 500
COCOA, FL 32926

Mailing Address

400 HIGH POINT DRIVE, SUITE 500
COCOA, FL 32926



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3337976

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANI, T.A.
400 HIGH POINT DRIVE, SUITE 500
COCOA, FL 32926

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000730019
05/08/07-80064-001 372.50

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	S&S ENTERPRISES, INC.
STREET ADDRESS	400 HIGH POINT DRIVE, SUITE 500
CITY-ST-ZIP	COCOA, FL 32926

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #